reason for anticonvulsant discontinuation was lack of efficacy. Patients had PDN for 34 months on average prior to starting topiramate. Mean duration of topiramate therapy was 17 months; mean total daily dose was 127 mg. A total of 57% used topiramate monotherapy. According to physician assessment, 46% (95% CI 28, 64) were "very much improved" or "much improved" for pain, 36% (95% CI 18, 54) for physical activity, and 39% (95% CI 21, 57) for sleep. None had worsening of symptoms. A total of 32% experienced topiramate-related adverse effects (AEs). In 67% no action was taken for AEs. There were no discontinuations due to AEs or lack of efficacy. **CONCLUSIONS:** Topiramate was effective and well-tolerated for the treatment of PDN, even in a group of difficult to treat patients for whom other anticonvulsants had failed.

PAIN—Cost Studies

PPN3

A UK MULTI-CENTRE TRIAL-BASED COST-UTILITY ANALYSIS OF SURGICAL STABILISATION OF THE SPINE VERSUS INTENSIVE REHABILITATION FOR TREATMENT OF CHRONIC LOW BACK PAIN PATIENTS

Rivero-Arias O[1], Campbell H[1], Gray A[1], Stabilisation Trial S[2]
[1]Oxford University, Oxford, United Kingdom; [2]Nuffield Orthopaedic Centre, Oxford, United Kingdom

The management of back pain is controversial. Despite a high incidence (between 15% and 40% in most Western countries) and associated economic burden, considerable uncertainty exists as to the effectiveness and cost-effectiveness of alternative interventions for the condition. **OBJECTIVES:** To determine whether, from a UK National Health Service (NHS) perspective, surgical stabilisation of the spine is cost-effective when compared to an intensive rehabilitation programme for the treatment of patients with chronic low back pain. STUDY DESIGN: Three hundred forty-nine patients (349) assessed as having chronic low back pain were randomised to surgery (176 patients) or rehabilitation (173 patients) at centres across the UK. Patients were followed-up at 6, 12, and 24 months post randomisation. **METHODS:** Costs to the NHS of initial treatment (surgery or rehabilitation), medications, and all primary and secondary sector health care contacts were collected for each patient out to 24 months. Patient utility measured using the EuroQol EQ-5D questionnaire was combined with 24 month survival data to calculate quality adjusted life years (QALYs). Results were expressed using an incremental cost per QALY. Statistical techniques were used to examine stochastic uncertainty surrounding cost, QALY, and cost per QALY results. **RESULTS:** Preliminary analysis shows surgery to be more costly than rehabilitation at 24 months following randomisation. The main cost drivers appear to be the initial surgical procedure and a higher proportion of surgery patients receiving subsequent outpatient and community care. No difference in QALYs was detected between the two modes of treatment and the baseline incremental cost per QALY exceeded £30,000. Examination of uncertainty surrounding key parameters did not alter these results greatly. **CONCLUSION:** Preliminary results from this trial, one of very few in orthopaedic surgery in the UK, suggest that surgical stabilisation of the spine for patients with chronic low back pain may be more costly than alternative treatments with no clear advantage in successful outcomes.

PAIN—Quality of Life

PPN4

EPIDEMIOLOGY, CO-MORBIDITY, AND IMPACT ON HEALTH-RELATED QUALITY OF LIFE OF SELF-REPORTED HEADACHE AND MUSCULOSKELETAL PAIN—A GENDER PERSPECTIVE

Bingefors C, Isacson D
Uppsala University, Uppsala, Sweden

OBJECTIVES: Epidemiological studies have consistently shown that the prevalence of most pain conditions is higher in women than in men. **METHODS:** Cross-sectional survey in the county of Uppland, Sweden, 1995. The questionnaire was completed by 5404 people (response rate = 68%); this analysis of those aged 20–64 years included 4506 of the responders. **RESULTS:** Back pain (22.7%) and shoulder pain (21.0%) were the most commonly reported medical problems in the population, while pain in arms/legs (15.7%) was fifth and headache (12.5%) was eighth in ranked order of prevalence. Major gender differences were found. The prevalence of pain conditions, especially headache, was higher among women, who also reported more severe pain. Co-morbidity between pain conditions and psychiatric and somatic problems was higher among women. Health-related quality of life (HRQoL; SF-36) also differed with gender and type of pain. Headache affected the physical dimensions of the HRQoL scale more in men than in women, and affected the psychological dimensions more in women than in men. Although pain conditions were associated with poorer socioeconomic conditions and life-style factors in both men and women, there were gender differences. Education and unemployment were associated with pain only among men, while economic difficulties, part-time work and being married were associated with pain among women. Obesity, early disability retirement, long term sick-leave and lack of exercise were associated with pain conditions in both genders. Factors associated with pain conditions were unevenly distributed between genders. **CONCLUSION:** There are major differences between men and women in the prevalence and severity of self-reported pain in the population. Biological factors may explain some of the differences but it is suggested that the main explanation is the result of gender disparities in work, economic situation, daily living,

social life and expectations between women and men. Deeper societal changes are needed to reduce the inequities in pain experience between women and men.

PPN5

ASSESSING PATIENT SATISFACTION WITH PHARMACOLOGICAL PAIN TREATMENT IN AMBULATORY PRIMARY CARE PATIENTS

Baró E[1], Casado AJ[1], García-Cases C[2], Clerch L[2], Ribas S[1]
[1]3D Health Research, Barcelona, Barcelona, Spain; [2]Lácer, S. A, Barcelona, Barcelona, Spain

OBJECTIVES: To develop a reliable, valid and sensitive tool to assess satisfaction with pharmacological pain treatment among primary care patients. **METHODS:** Content sources for the initial version (IV) were bibliographic review, focus groups with patients, and expert opinion. IV was tested in a prospective study with ambulatory pain patients. Item-total statistics and exploratory factor analysis (FA) were performed for item reduction. The final version (FV) was psychometrically assessed by: internal consistency (Cronbach's alpha—CA), test-retest reliability in patients maintaining treatment (intraclass correlation coefficient ICC), convergent/discriminant validity (SF-12 and pain intensity—VAS), construct validity (lineal multiple regression), extreme groups validity for patients presenting pain relief (ROC curves) and responsiveness in patients changing treatment (effect size—ES). **RESULTS:** The IV was administered to 362 patients (58% women, age 51y, 48% suffering from osteoarthritis). Four items were deleted from the IV owing to a low item-scale homogeneity, leading-weight in FA and/or contribution to CA values. The final FA explained 70.2% of the variance. Four dimensions were identified: adverse events (AE), speed-duration of effect, functional benefit and overall satisfaction. A total of 97.2% of patients full-completed the FV. CA for the global score (GS) was 0.88 and over 0.80 for all dimensions. ICC for GS was 0.73 and ranged from 0.59 (functional benefit) to 0.80 (AE). Correlations were low to moderate with SF-12 (0.11–0.30) and moderate to good with VAS (0.48 to 0.55, except AE, 0.20). Pain frequency, intensity and relief were independently associated with satisfaction GS, accounting for 43.5% of variance. Area under the curve was 0.78 for GS and over 0.65 for all dimensions (except AE, 0.57). ES were large for GS and dimensions (0.8 to 2.5). **CONCLUSIONS:** This new 10-item measure has proved to be reliable, valid and sensitive to assess pharmacological pain treatment satisfaction in primary care patients.

PPN6

CRITICAL PATHWAY STATUS: A COMPARISON OF PATIENT OUTCOMES

Hanley KN, Peterman AH, Reynolds K, Caprini CA
Evanston Northwestern Health care, Evanston, IL, USA

OBJECTIVES: To compare patient reported outcomes of pain and quality of life (QOL) between breast cancer surgery patients. The analysis compared one patient group that was on a critical pathway to a patient group that was not on a critical pathway during their hospital stay. **METHODS:** A quasi-experimental study of patients discharged for breast cancer surgery at a community-based teaching hospital. The analysis for this study included 3 distinct patient-reported pain ratings 3–6 days post-discharge: highest and lowest levels since discharge and current level of pain at the time of assessment. Additionally, patients completed the Functional Assessment of Cancer Therapy-Breast Subscale (FACT-B) six months post-discharge. Data were collected via telephone interview. **RESULTS:** Study groups were found to have similar sociodemographic characteristics. There were no statistically significant differences between the study groups for the pain or QOL outcomes. Length of stay (LOS) was found to be statistically significant between the pathway and non-pathway groups ($p = 0.020$). A total of 77.3% of the pathway group and 76.7% of the non-pathway reported pain ratings ≥3 when rating their highest level of pain since discharge. **CONCLUSIONS:** Regardless of pathway status, patients reported similar outcomes of pain and QOL. The implementation of the pathway helped formalize the care delivered at the institution. While the findings illustrate consistent delivery of care regardless of pathway status, they also indicate further attention to pain management post-discharge is needed. Over 75% of patients in both groups did not meet the pathway standard when rating their highest level of pain. The pathway can serve as an informative tool by identifying areas for improvement. The data gathered can be used as a baseline comparison measure once these areas have been identified and changes implemented. Future research should evaluate pathways and their impact on patient care after a patient has been discharged from the hospital.

PPN7

THE WILLINGNESS-TO-PAY APPROACH IN THE COST-BENEFIT ANALYSIS: THE TREATMENT OF PATIENTS AFFECTED FROM PAINFUL PATHOLOGY

Colombo GL[1], Caruggi M[2], Muzio A[1]
[1]S.A.V.E. Economic eValuation Analyses Studies, Milano, Milan, Italy; [2]Azienda Ospedaliera di Busto Arsizio, Busto Arsizio, Varese, Italy

OBJECTIVES: To measure the willingness-to-pay of patients who suffer from benign and intense chronic pain and to investigate the relationship with the social and demographic characteristics of the sample and the stated and perceived quality of life. **METHODS:** Data from a research on a sample of 205 and 158 patients suffering from intense and chronic pain will be discussed, as in the questionnaire it was asked how much every patient would